



U.S. Department of State
**CONTACT INFORMATION AND WORK HISTORY
FOR NONIMMIGRANT VISA APPLICANT**

OMB APPROVAL NO. 1405-0144
EXPIRES: 01/31/03
EST MATED BURDEN: 1 Hour

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM PLEASE ATTACH AN ADDITIONAL SHEET IF YOU NEED MORE SPACE TO CONTINUE YOUR ANSWERS			
1. Last Name(s) 姓氏		First Name(s) 名字	
2. Date of Birth (mm-dd-yyyy) 出生日期 (月、日、年)		3. Place of Birth 出生地 Country 國家	
		City/Town 城市	
		State/Province 省份	
4. Permanent Home Address and Telephone Number (include apartment number, street, city, state or province, postal zone, and country) 永久住址及電話號碼(包括國家、郵遞區號、省、市、街道、及單元號碼)			
5. Full Name and Address of Spouse (if applicable)(postal box number unacceptable) 配偶姓名及地址(如適用)(不接受郵箱號碼)			
<u>Name (Last, First, Middle)</u> 姓名		<u>Address</u> 地址	
		<u>Telephone Number</u> 電話號碼	
6. Full Names and Addresses of Children, Parents, and Siblings (postal box number unacceptable) 子女、父母、兄弟、姊妹之姓名及地址(不接受郵箱號碼)			
<u>Name (Last, First, Middle)</u> 姓名		<u>Address</u> 地址	
		<u>Relationship</u> 關係	
		<u>Telephone Number</u> 電話號碼	
7. List at Least Two Contacts in Applicant's Country of Residence Who Can Verify Information About Applicant (do not list immediate family members or other relatives) (postal box number unacceptable) 列出最少兩位居住在本地的聯絡人仕以便能確認申請者提供之資料(直系親屬或其他家庭成員不包括在內) (不接受郵箱號碼)			
<u>Name (Last, First, Middle)</u> 姓名		<u>Address</u> 地址	
		<u>Telephone Number</u> 電話號碼	
Paperwork Reduction Act Statement *Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. In accordance with 5 CFR 1320 5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/RPS/DIR) Washington, DC 20520.			

WORK EXPERIENCE – PRESENT 工作經驗 – 現職		
Job Title: 職位	Date (mm-dd-yyyy) From 日期：由(月、日、年)	Date (mm-dd-yyyy) To 至(月、日、年)
Employer's Name and Address: 僱主姓名及地址		
Telephone Number電話號碼		
Describe Your Duties: 詳述職責範圍		
WORK EXPERIENCE – PREVIOUS 工作經驗 – 過往		
Job Title: 職位	Date (mm-dd-yyyy) From 日期：由(月、日、年)	Date (mm-dd-yyyy) To 至(月、日、年)
Employer's Name and Address : 僱主姓名及地址		
Telephone Number電話號碼		
Describe Your Duties: 詳述職責範圍		
WORK EXPERIENCE – PREVIOUS 工作經驗 – 過往		
Job Title: 職位	Date (mm-dd-yyyy) From 日期：由(月、日、年)	Date (mm-dd-yyyy) To 至(月、日、年)
Employer's Name and Address: 僱主姓名及地址		
Telephone Number 電話號碼		
Describe Your Duties: 詳述職責範圍		
WORK EXPERIENCE – PREVIOUS 工作經驗 – 過往		
Job Title: 職位	Date (mm-dd-yyyy) From 日期：由(月、日、年)	Date (mm-dd-yyyy) To 至(月、日、年)
Employer's Name and Address: 僱主姓名及地址		
Telephone Number 電話號碼		
Describe Your Duties: 詳述職責範圍		
<p>I certify that I have read and understood all the questions set forth in this form and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the permanent refusal of a visa or denial of entry into the United States.</p> <p>我特此確認，本申請表中所有問題本人均已通讀領會，且本人在申請表上所做之回答就本人所知均屬實無誤。本人確知，任何謬誤或誤導之辭可能導致本人永遠被拒簽或永遠不得進入美國。</p>		
APPLICANT'S SIGNATURE _____		DATE (mm-dd-yyyy) _____
申請人簽字		日期(月、日、年)